

Division of Health Care Facilities

PRINTED: 04/11/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7802	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/08/2013
NAME OF PROVIDER OR SUPPLIER PIGEON FORGE CARE & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 415 COLE DRIVE PIGEON FORGE, TN 37863		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 831	1200-8-6-.08 (1) Building Standards (1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to have a reliable sprinkler system water supply for each "building". The findings include: Observation and interview with the maintenance director on April 8, 2013 at 3:10 p.m. confirmed the facility is a type V (111) combustible construction. The facility is divided into three (3) fire zones by two (2) 4-hour fire walls. One sprinkler system riser branches off and penetrates two (2) out of two (2) 4-hour fire walls. This one sprinkler system riser supplies the water for all three (3) fire zones. This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on April 8, 2013.	N 831	N831 What corrective action will be accomplished for residents found to be affected by deficient practice? On 4/25/13 and 4/26/13, Century Fire Company made a site visit to facility to determine what proposal to make related to sprinkler riser work to be accomplished. Drawings for the recommended changes will be submitted to Bill Harmon at the State office for review by May 10, 2013. Upon approval of plans, the work will begin with an estimated completion date of July 30, 2013. How will identify other residents having potential to be affected by same deficient practice The fire walls and existing riser were inspected by Century Fire Company on 4/25 and 4/26/13 to determine the scope of work to be done to add risers to the facility. As stated above, proposal will be made to Bill Harmon at state office and upon approval, work will commence. All residents have potential to be affected if equipment isn't sufficient for the facility space.	5/10/13 ↓ 7/31/13 Extension requested	
N 835	1200-8-6-.08 (5) Building Standards (5) No new nursing home shall be constructed, nor shall major alterations be made to an existing nursing home without prior written approval of the department, and unless in accordance with plans and specifications approved in advance by the department. Before any new nursing home is licensed or before any alteration or expansion of	N 835 N831	What measures put into place or what systemic changes will you make to ensure deficient practice doesn't recur? All plant ops staff were inserviced that penetrations through 4-hour fire walls are not allowed and that any areas of concern identified during repairs or maintenance from outside vendors are to be addressed immediately and reported to the Plant Ops director and to the Administrator.		

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

TITLE

Administrator

(X6) DATE

4-26-13

7HJL21

If continuation sheet 1 of 2

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7802	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 04/08/2013
NAME OF PROVIDER OR SUPPLIER PIGEON FORGE CARE & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 415 COLE DRIVE PIGEON FORGE, TN 37863		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 835	<p>Continued From page 1</p> <p>a licensed nursing home can be approved, the applicant must furnish two (2) complete sets of plans and specifications to the department, together with fees and other information as required. Plans and specifications for new construction and major renovations, other than minor alterations not affecting fire and life safety or functional issues, shall be prepared by or under the direction of a licensed architect and/or a licensed engineer and in accordance with the rules of the Board of Architectural and Engineering Examiners.</p> <p>This Rule is not met as evidenced by: Based on interview, the facility failed to ensure alterations to the facility are made with prior approval from the Department of Health.</p> <p>The findings include:</p> <p>Interview with the maintenance director on April 8, 2013 at 11:45 a.m. revealed that the facility replaced and upgraded their fire alarm control panel.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on April 8, 2013.</p>	N835	<p>How will corrective action be monitored?</p> <p>The Performance Improvement Committee (Administrator, DON, ADON's, SSD, Dietary Mgr, Maint Director, Env Services, Director, Medical Director, Business Office Manager, HR Director, Chaplain, and Admissions Director) will review maintenance reports related to repairs and/or installations in attic or through firewalls to ensure that the work is completed while maintaining integrity of the 4 hour fire wall and that any areas of concern identified are addressed immediately. The Committee will review this information monthly if any work has been accomplished.</p> <p>N835 →</p> <p>N835</p> <p>What corrective action will be accomplished for residents found to be affected by deficient practice?</p> <p>The fire panel in question was replaced recently with a temporary panel due to prior panel not functioning correctly. Please see attachment labeled "Plant Ops-1" for further explanation of the panel switch-out. Century Fire has reached out to Dept of Health in Knoxville and Nashville as of April 25, 2013 to submit formal approval letters and plans to be approved by department.</p> <p>see next page</p>	5/10/13	5/10/13